CRIMINAL RECORD SEALING / EXPUNGEMENT APPLICATION

Court Name

Case No. ________________________ (Clerk's Office Use Only)

Judge ________________________(Clerk's Office Use Only)

Clear Form

APPLICATION FOR RECORD SEALING/EXPUNGEMENT – R.C. 2953.32/2953.33

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State:	Zip Code:
Date of Birth:	SSN:	
Email Address:		

Case Number(s)	Application for	Charge(s)
	☐ **SEAL** Conviction/Bail forfeiture ☐ **EXPUNGE** Conviction/Bail forfeiture ☐ **SEAL** Not Guilty/Dismissal/No Bill/Pardon ☐ **EXPUNGE** Not Guilty/Dismissal/No Bill	
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Use additional boxes on page three, if necessary.

The above-named applicant states that they qualify for the relief sought above, under the applicable provision(s) of R.C. Chapter 2953.

____

Applicant Signature Date

Certificate of Service

I, the undersigned, do hereby certify that a copy of this Application for Record Sealing and/or Expungement was served upon the prosecutor(s) on _____/_____/_________.

____

Deputy Clerk / Applicant Signature Date
(circle one)

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